

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/030162

FILING DATE

APPLICANT(S)

3-14-06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		2		2		
4	1		1			
5		1		1		
6		1		1		
7	1		1			
8		1		1		
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TOTAL IND.	3	↓	3	↓		↓
TOTAL DER.	8	↓	8	↓		↓
TOTAL CLAIMS	11		11			

	*		*		*	
	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.		↓		↓		↓
TOTAL DER.						
TOTAL CLAIMS						

↑
AMDT

3-14-06

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY